


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770329			
1. Corporation Name OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION INC.			
2. Principal Office Address 1510 HANCOCK BRIDGE PKWY Suite, Apt. #, etc. #5 City & State CAPE CORAL FL Zip 33990 Country LEE		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	

FILED
Feb 04, 2002 8:00 A.M.
Secretary of State

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2435753	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name BARRY WOODROW	
Street Address (P.O. Box Number is Not Acceptable) 1510 HANCOCK BRIDGE PKWY #5	
Suite, Apt. #, Etc.	
City CAPE CORAL	State FL
Zip Code 33990	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Barry Woodrow
REGISTERED AGENT MUST SIGN

Date 2-1-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	BERTONI, MARTIN	3943 SE 11th PL #101	CAPE CORAL, FL 33904
P	CARTA, ALAN J	3943 SE 11th PL #102	CAPE CORAL FL 33904
SD	VIZENA, J.	3943 SE 11th PL #102	CAPE CORAL FL 33904
VD	AUMER ROBERT	3943 SE 11th PL #104	CAPE CORAL FL 33904
VD	RINALDI, JOHN	3943 SE 11th PL #204	CAPE CORAL FL 33904

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Martin Bertoni

MARTIN BERTONI 2-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2ED81 (9/01)